

APPLICATION FORM

Private Client Services

Please print and complete this form — then fax it to us at 718-677-4007.

How did you hear about us? _____

What industry are you involved with? _____

How soon do you plan to hire us? _____

Describe what you would like us to do for you.

People you have worked with who would recommend you.

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____

Contact Information

Your name _____

Company _____ Title _____

Business address _____

Type of business _____ Daytime phone _____

Best time to call _____ Fax _____

Website _____ E-mail _____

You hereby agree and acknowledge that private client service is a priority service for clients on a retainer basis. You agree that we may disclose information you provide if required to do so by law, at the request of a third party. You also acknowledge and agree that we may work with other professionals onshore or offshore to keep matters under review and develop a strategy to help you achieve your objectives and keep your affairs running smoothly.